BUREAU	FE BOARD OF HEALTH OF VITAL STATISTICS Registered No. 399
•	CERTIFICATE OF BIRTH
County Vila	State Uniona
County Wilcune District or Township Wilcune	or Village
District of Tourselly	Ward
City No. 11 J. (If bit	rth occurred in a hospital or institution, give its NAME instead of street and number)
Genever Go	(If child is not yet named, make aupplemental report, as directed.
2. Full name of child	
3. Esex of Child To be answered ONLY in event of plural births.  4. Twin, triplet of the control of plural births.	of birth
	MOTHER
fs. f. FATHER	Full maiden name armida Barnett
Full name de Daniacio Longales	
9. Residence (Usuni place of abode) Miani , and	15. Residence (Usual place of abode) Manue Angone If non-resident, give place and state.
If non-resident, give place and state.	<del></del>
10. Color or race	16. Color or race
Muxican 11. Ago at last birthday 40	(Years) Wex; Com 17. Age at last birthday 23 (Years)
	18. Birthpizce (city or place)
12. Birthplace (city or place)	(State or country) Luck; Lo
(State or country) Muxico	(State or country) Mick; Co  19. Occupation Housewife
13. Occupation Miner	19. Occupation House and
	Nature of industry
Nature of Industry Capper	
20, 11-11-11	a slive and now living o that miss neonatorum?
(Taken as of time of birth of child horeing (c) Still	born
THE ACTION OF A PREPARATION OF MIDWIFE 1/4 //	
I hereby certify that I attended the birth of this child, who was (Born slive or stillborn) for Milly	
/	Je France
or midwile, then the father, houselfloor	and D
etc., should make this feturit. A simulation child is one that neither breathes nor shows other evidence of life after birth.	(Physician of midwife).
	Miami, arizona
Given name added from a supplemental report	iress.

Month, day, year Registrar 0